

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

DEBBIE KITTEMAN BURGOS

Primary election
CANDIDATE for City Council Ward 6

Name (print)

Office (if applicable)

District (if applicable)

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ Report #1 — Due March 29, 2005

Period: Jan. 1, 2005 — Mar. 24, 2005

☒ Report #2 — Due May 31, 2005

Period: Mar. 25, 2005 — May 26, 2005

☐ Report #3 Due — July 15, 2005

Period: May 27, 2005 — June 30, 2005

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CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

1224.00	5215.77
0	0.00

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5215.77

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

1224.00	5215.77
0	0

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

3020.67	4575.12
292.78	640.10
2022.45	5215.22
3223.45	

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

CAMPAIGN CONTRIBUTIONS

Report Period #

DEBBIE KITTRAMAN BURLISS CITY Council Ward 6

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

[illegible]

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CAMPAIGN EXPENSES

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
DSAYS ENTERTAINMENT 3560 POLARIS AVE #6 LAS VEGAS NV 89103	H	4/2/2005	295.00
PDQ Printing 3820 S. VALLEY VIEW BLVD LV NV 89103	D	3/25/05	2525.67

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